PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Approve for use into grant and a support of the sup

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/658,834			ing Date 08/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY ☑ OR SMALL ENTITY					
FOR			UMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A			N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))		minus 3 =					x \$ =]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 s	er, the ap for small sheets or	gs exceed 100 in size fee due for each i thereof, See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1			
* If the difference in column 1 is less than zero, enter "0" in column 2.										J	TOTAL		
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	07/02/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	· 13	Minus	327		= 0		X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 3	Minus	3		= 0		X \$110 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(a))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
									0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus					x \$ =		OR	x \$ =		
	Independent (37 CFR 1/16(h))	•	Minus	*				x \$ =		OR	x s =		
	Application Size Fee (37 CFR 1.16(s))]			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For" (Total or Independent is the highest number found in the appropriate box in column 1.												

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life light by the USFTO to improve the public state in the public which his life properties of the public which his lost properties a properties of the public which his lost properties a model in patients of the public which is lost properties a model in patients of the public which is public which is lost properties and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or Seggestions for reducing this burden, should be sent to the CERT information Office. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Mexandria, VA 22313-1450.